## Vendor Monitoring Form Kansas WIC Program

Date of visit \	/endor #:	Vendor Contact:		
Vendor Name				
Address				
Phone #		County		
Fax #		Number of front-end cash	registers:	
Reason for visit:	al Complaint	☐ Random ☐ Ot	her	
Items Needed for Monitoring V	isit:			
☐ Vendor Monitoring Form	☐ WIC Produ	ct Inventory Form		
Local Agency:		_Name of LA staff:		
			•••••	
<ul><li>1. <u>Procedures:</u></li><li>a. Does the vendor know whom t</li></ul>	o contact in the event	of problems or questions?	<u>YES</u> □	<u>NO</u> □
b. Does the vendor know how to	submit a complaint to t	he Local Agency?		
c. Does the vendor know where t	he Request for Reimb	ursement form is located?		
d. Does the vendor know how to	submit a WIC check fo	r reimbursement to the SA?		
Materials:     Does the vendor have a currer	<u>ıt</u> Vendor Procedures I	Manual?		
b. Does the vendor have adequa-	te copies of the WIC A	pproved Food List?		
c. Does the vendor have a Kansa	s WIC logo posted at	entrance?		
d. Does the vendor have adequa-	e copies of the Quick-	Glance Guide?		
e. Does the vendor have the corr	ect authorized vendor	stamp?		
f. Does the vendor stamp produc	e a clear and legible ir	mpression?		
<ul> <li>Checks and Cash Register R</li> <li>Does the vendor have WIC chelf yes, complete Check and Re</li> </ul>	ecks to review?			
b. Does the vendor have cash reg If yes, complete Check and Re				
Technical Assistance     Was technical assistance prov     If yes, date information recorder				
5. Follow-Up  a. Is a follow-up visit needed to volf yes, date follow-up will be coulf yes, date completed follow-up	nducted:	IC system:		

10. Infant Formula Wholesaler	·	
c. How many complaints were lodged against this vendor during the past year?  d. How many WIC clients redeemed checks at this vendor in the month of May?  7. Store Ownership  Type of Ownership:	b. How many letters did the LA issue to this vendor during the pa	previous year?
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7. Store Ownership  Type of Ownership: Sole Proprietorship Partnership Cooperative   Publicly Owned Corporation Privately Held Corporation Government Owned (commissary)  If the store is a publicly owned corporation, privately held corporation, or government owned, go to #8.  Print the primary owner (s) name, address and phone number.  Owner: Owner:   Owner:     Sthis store a franchise?  Enter the name, address and zip code of the Parent Corporation or franchise.  9. Primary Wholesaler Please indicate the vendor's primary wholesaler.   Affiliated Foods, KS   Hy-Vee Warehouse Charitan Nash Finch Nash Finch Peyton's Fountain (Dillon's Stores)   Affiliated Foods, TX   Peyton's Fountain (Dillon's Stores)   Associated Wholesale Grocers (AWG) KS   Target Distribution Center #3803 KS   Associated Wholesale Grocers (AWG) MO   Wal-Mart Distribution Center #6065 MO    If primary wholesaler is not listed above, please print the name, complete address, and phone number below:  10. Infant Formula Wholesaler  If the vendor receives infant formula from a source other than their primary wholesaler, please print the name	c. How many complaints were lodged against this vendor during	the past year?
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## **Check Review**

Check Number		ature sent	Puro Da	tual hase ate priate	So	t Foods old r check)	Init	shier ials sent	Comments
1.	Υ	N	Υ	N	Y	N	Υ	N	
2.	Υ	N	Υ	N	Υ	N	Υ	N	
3.	Υ	N	Υ	N	Υ	N	Υ	N	
4.	Υ	N	Υ	N	Y	N	Υ	N	
5.	Υ	N	Υ	N	Υ	N	Υ	N	

## Follow up action is required if any checks are found to be altered, missing information or illegible.

Check Number	Describe alterations, what information is missing or illegible	Follow-up Action taken by LA

## Receipt Review (If receipts provide specific transaction information)

Check Number	Appropriate Foods Purchased		Identifiable transa	e as a WIC action	Tax charged	
	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO

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